


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90039 045 ***158.75

DOCUMENT # 207465

1. Entity Name
40 SALAMANCA CORPORATION



Principal Place of Business
~~402 MINORCA~~
CORAL GABLES, FL 33134 US

Mailing Address
PO BOX 44-0915
MIAMI, FL 33144

2. Principal Place of Business
6200 W. Flagler St

3. Mailing Address
P.O. Box 440915

Suite, Apt. #, etc.
401

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33144

Country
Dade

Zip
33144

Country
County

01092006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1636337

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

NUNEZ, LUZMARY
~~482 MINORCA~~
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
LUZMARY Nuñez

Street Address (P.O. Box Number is Not Acceptable)
6200 W. Flagler St # 401

City
Miami

FL Zip Code
33144

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Luzmary Nuñez* **LUZMARY Nuñez** 1/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JESSELLI, PATRICIA 40 SALAMANCA AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT OWEN, RICHARD K 40 SALAMANCA AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORENZO, MARILEN 40 SALAMANCA AVE #6 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Jesselli* **Patricia Jesselli - President** 1/25/06 305 2672755
 date Phone: Day